

CRIMINAL JUSTICE STANDARDS DIVISION POST OFFICE DRAWER 149, RALEIGH, NC 27602 TELEPHONE: (919) 716-6470

FORM SMI 14 (Revised 3/03)

TRAINEE'S STATEMENT OF PRIOR RADAR TRAINING

The Social Security Number is used to make positive identification of applicant and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

INFORMATION SMI OPERATOR CERTIFICATION REQUIREMENTS

12 NCAC 9B.0409(a) requires a trainee to demonstrate:

?? successful completion of a Commission-accredited operators course;

AND

?? 100 percent proficiency in motor skill and performance subject areas;

AND

?? completion of 16 hours of supervised field practice within 90 days of course completion.

Documentation of prior North Carolina SMI Operators certification **OR** evidence from another state showing prior certification which meets or exceeds that of North Carolina may be substituted for the field practice requirement. However, if the prior certification was for stationary only instruments and certification is sought for instruments with moving capabilities, the trainee must complete eight (8) hours of practice in moving configurations. If the prior certification was for moving instruments and certification is sought for instruments with same direction mode, the trainee must complete four (4) hours of practice in same direction mode.

The SMI 15 form entitled **RADAR OPERATOR FIELD INSTRUCTION/PRACTICE LOG** will be utilized to document this practice/training prior to issuance of an operators certificate.

I,		, state that I have previously received		
training as a Radar Operat	or at:			
Name of Institution or Ag	ency:			
Location of Instruction:				
The course terminated on	and consisted of	hours of formal classroom instruction.		
	(Signature of Trainee)	(Date)		
	(Social Security No.)	(Date of Birth)		

(Law Enforcement Agency)

NOTE: Copy of course completion and certification must accompany this document. If no prior training exists, the 16-hours of supervised field practice **must** be completed on the SMI-15 Form

TO RECEIVE CREDIT FOR PRIOR CERTIFICATION DOCUMENTATION MUST BE ATTACHED

INSTRUCTIONS

This form must be completed in its entirety by each trainee who does not have a prior N.C. SMI Certification. This form must be **received** by the Criminal Justice Standards Division at P.O. Drawer 149, Raleigh, N.C. 27602 within 90 days of completion of a Commission-accredited Radar or Radar/Time-Distance Operator Course in order to receive operator certification. 12 NCAC 9B.0409(a)(4). During this practice period, a trainee may not issue a citation for an offense that requires admission as evidence of the instrument reading pursuant to G.S. 8-50.2. A minimum of sixteen (16) hours of supervised field practice is required. If trainee possesses a prior stationary-only certification, an hourly log must be submitted and may contain a minimum of eight (8) hours of supervised field practice, but must be in moving mode configurations. If the prior certification was for moving instruments and certification is sought for instruments with same direction mode, the trainee must complete four (4) hours of practice in same direction mode. Field practice shall be conducted under supervision of a certified SMI Operator or Instructor certified on the instrument being utilized and under realistic conditions. Breaks, such as responding to calls, meal periods etc., may not be included within the practice hours. If trainee is seeking certification on more than one instrument, he/she must utilize the instrument containing the most features. If the instrument utilized has multiple functions and modes, the eight (8) hours (in the case of prior stationary-only certification), or sixteen (16) hours (without prior certification), shall be evenly divided among the Aapproved@ configurations being sought by the trainee. During field practice/instruction, trainees shall follow the Atesting for accuracy and operating procedures@outlined in Appendix AC@ of the Supplement for SMI Training Courses published by the N.C. Justice Academy.

CUDEDVICED FIELD INCTDUCTION/DDACTICE LOC

DATE			OPERATING MODE/ANTENNA	OPERATING PRACTICE TIME			IME	NC CERTIFIED OPERATOR/INSTRUCTOR PROVIDING SUPERVISION		
MO.	DAY	YR.	MODE CONFIGURATION	START	END	HOUR	MIN.	PRINT NAME	SIGNATURE	CERTIFICATION NO.
*Front o	r Rear St	ationary	(F or R S), Front or Rear	Moving Opp	osite Direction	(F or R M.	OPP). From	t or Rear Moving Same Direction (F or R MS), Front or Rear Faste	st Vehicle (F or R FV)
TRAINEE NAME			Social Security No Employing Agency							
Operator Course Location		Date of Completion Speed Measuring Instrument Used:								
)PERA	TOR'S S	TATEM	MENT OF PERFORMAN	<u>ICE</u>						
Seeking c	ertificatio	n in the	operation of (Check all the	nat apply):	Stationary	☐ Mo	oving, Single	Antenna Moving, Dual A	Antenna Same Direction	☐ Fastest Vehicle
, the und vas exec	lersigned, uted in co	hereby onformar	affirm I have received a mace with the above instruct	ninimum of ions and guid	four elines establis	eight hed in the R	□sixteen h ADAR OPE	ours of supervised field instruction/ RATOR MANUAL published by the	practice as indicated above and th ne North Carolina Justice Academ	at this field practice ny.
Signature of Trainee							Date			

a delay in the processing of application materials and may result in inaccurate records being assigned to you.

http://www.jus.state.nc.us/CJForms/default.htm